

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt. Orlando	x		
5/1/2003	Cpl. Schober	x		
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki	x		

Review Date: 07/22/15

M/V Crash: 15-09455

Officer: Cpl. Wendt #104

Squad #510

1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices. procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LIGHT	COLL	MANV	PPA	PPL	
U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2	U1	U2
1	-	NA	1	1	9	-	1	1	6	23	-	NA	NA



P0113



U130278871

INVESTIGATING AGENCY NORRIDGE	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED	<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash	AGENCY CRASH REPORT NO. YR 15 9455	TRFW 8			
ADDRESS NO. 4348	HIGHWAY or STREET NAME OTTAWA	CITY NORRIDGE	TOWNSHIP COOK	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH mo 7 / day 19 / yr 15	TIME 1:47 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	LARS CODE 77650 OTT	VEHT U1 15
<input type="checkbox"/> (CIRCLE) FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH	(NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY COOK	PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH PEDALCYCLIST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVOLVED 1	LARS CODE 84348	U2 -

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV (LAST, FIRST, MI) WENDT VICTOR	DATE OF BIRTH mo 12 / day 15 / yr 1999	MAKE Ford	MODEL Utility	YEAR 13	CIRCLE-NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 4	FRONT 8 1 2 7 9 3 6 5 4 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR	NO. LANES 1
STREET ADDRESS 4020 N. OLCOTT	SEX M SAFT 9 AIR 9	PLATE NO. P 9342	STATE IL	YEAR 2013	VIN 1FMSK8AR2DGB22377			ALGN 1
CITY NORRIDGE	STATE IL	ZIP 60706	INJURY 0	EJECT 1	VEHICLE OWNER (LAST, FIRST M.I.) VILLAGE of NORRIDGE	INSURANCE CO. UNDERWRITERS UNDO of London		RSUR 1
TELEPHONE 708-453-4170	DRIVER LICENSE NO. [REDACTED]	STATE IL	CLASS DM		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 OLCOTT NORRIDGE, IL 60706	TELEPHONE [REDACTED]	POLICY NO. BGA 3005403	VEHU U1 6
TAKEN TO NA	EMS AGENCY NA							U2 -

NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV (LAST, FIRST, MI)	DATE OF BIRTH mo / day / yr	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT	FRONT 8 1 2 7 9 3 6 5 4 REAR	TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> Y <input type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR	U2 -
STREET ADDRESS	SEX SAFT AIR	PLATE NO.	STATE	YEAR	VIN			RDEF 1
CITY	STATE	ZIP	INJURY	EJECT	VEHICLE OWNER (LAST, FIRST M.I.)	INSURANCE CO.		BAC 96
TELEPHONE	DRIVER LICENSE NO.	STATE	CLASS		OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE	POLICY NO.	U1 96
TAKEN TO	EMS AGENCY							U2 -

UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
		/ /								
		/ /								
		/ /								
		/ /								
		/ /								

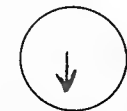
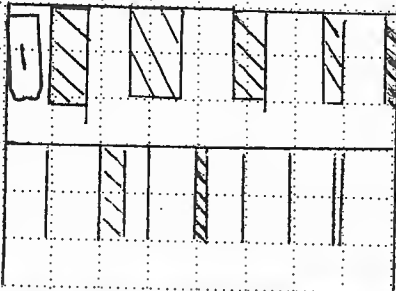
UNIT 1	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME Village of NORRIDGE	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S) PRIMARY 30	POSTED SPEED LIMIT 10	DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
UNIT 1	1	<input checked="" type="checkbox"/>	11	1	PROPERTY OWNER ADDRESS 4000 N. OLCOTT NORRIDGE	CITY IL STATE IL ZIP 60706	SECONDARY		IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE
UNIT 2	1	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED 7/19/15	TIME NOTIFIED 1:47 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
UNIT 2	2	<input type="checkbox"/>			ARREST NAME	SECTION	CITATION NO.	COURT DATE mo / day / yr	COURT TIME : : <input type="checkbox"/> AM <input type="checkbox"/> PM
UNIT 2	3	<input type="checkbox"/>			OFFICER ID. 29	SIGNATURE R. Iwan	BEAT / DIST. 1	SUPERVISOR ID. 204	WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130278871

A Diagram and Narrative are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

4348 OTTAWA AVE

INDICATE NORTH
BY ARROW

NARRATIVE (Refer to vehicle by Unit No.)

R10 LEARNED THE FOLLOWING:

DRIVER OF UNIT #1 PROCEEDED TO BACK INTO THE PARKING GARAGE AT
4348 OTTAWA. AT THIS TIME AS UNIT #1 BACKED UP THE REAR
QUARTER (PASSENGER SIDE) STRUCK THE CONDUIT PIPE WHICH IS ON
THE EAST WALL.

LOCAL USE ONLY

U1 Color Black

U2 Color

U1 Towed by / to

N/A

U2 Towed by / to

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard

4-digit UN no. 1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO. WEE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 ft TRAILER 2 ft

TOTAL VEHICLE LENGTH ft NO. OF AXLES

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE LOAD TYPE



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Victor Wendt Star #: 104 Date: July 24, 2015

TYPE OF VIOLATION

<input type="checkbox"/>	Attendance	<input type="checkbox"/>	Carelessness	<input type="checkbox"/>	Insubordination	<input type="checkbox"/>	Late Arrival/Early Quit
<input type="checkbox"/>	Failure to Follow Instructions	<input type="checkbox"/>	Rudeness Towards Citizens	<input type="checkbox"/>	Willful Damage to Equipment	<input type="checkbox"/>	Personal Business While on Duty
<input type="checkbox"/>	Unsatisfactory Work Performance	<input type="checkbox"/>	Violations of Policy/Procedure	<input checked="" type="checkbox"/>	Motor Vehicle Crash	<input type="checkbox"/>	Missing a Court Date

Date of Violation: July 19, 2015 Time of Violation: 1347hrs

DESCRIPTION OF VIOLATION:

Officer involved in a "Preventable Property Damage Car Crash" as determined by the Accident Review Board. Accident Review Board classified the crash as a 2a, in that the officer failed to exercise reasonable care. (15-09455) No prior accidents within the last 24 months of this violation.

OFFICER'S STATEMENT:

☒ I agree with the above description ☐ I disagree with the above description

My reason is: _____

Officer's Signature

104

Star #

7/24/15

Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
<input type="checkbox"/> Verbal Warning		
<input checked="" type="checkbox"/> Written Warning	<u>7/24/15</u>	
<input type="checkbox"/> Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN;

Per departmental policy, a second preventable accident within 24 months of the date of this violation, will result in a two day suspension and attendance in a remedial Defensive driving Course.

I have read and understand this warning;

Officer's Signature / Star#

104

7/24/15
Date

Supervisor Issuing Warning:

Supervisor's Signature / Star #

7/24/15
Date